

and to cut community policing programs up to 95.6 percent is not only immoral but irresponsible.

Eight million Americans are unemployed. But Republicans passed a new set of tax breaks that reward corporations who send jobs overseas.

About 45 million Americans have no health insurance. But Republicans have proposed Health Savings Accounts that benefit a wealthy few, encourage employers to drop insurance coverage and will increase the number of uninsured by 350,000.

Over 8 million children nationwide are struggling to meet new national education standards. But Republicans refused to provide promised help to our schools, leaving millions of children without the help they need in reading and math.

America needs a budget that reflects the morals of this country, a budget the American people can trust and support, one that supports the national security policy that is as strong and brave and as decent as the heroes who serve to protect us.

America needs a budget that includes all its citizens and a budget that is fair and balanced.

The President needs to do for all of America what he is asking the rest of the world to do—to treat all its people with decency and respect.

Mr. BISHOP of New York. Mr. Speaker, I rise today to express my opposition to the President's FY06 budget—a budget that I believe goes against our values as a society. If the proposed budget passes, it would be a disaster for constituents in my home district on Long Island and districts nationwide, forcing working families to make up for many of the cuts in the form of higher State and local taxes.

The American people deserve honesty, and this budget is dishonest by omission, and dishonest in how it portrays the overall budget projections. The President claims that the steep budget cuts he advocates are necessary to cut the deficit in half in 5 years. This is simply not true, and the budget the President proposes fails to accomplish his stated goal.

First, the budget is dishonest by omission. Nowhere in the FY06 budget does the President account for significant costs, including:

Fails to account for the enormous costs of privatizing Social Security as proposed by the President; a whopping \$6 trillion over the next 20 years; \$754 billion over the period from 2009–2015;

Fails to account for the continuing presence of our troops in Iraq—the administration knows we are going to approve an Iraq supplemental upward of \$80 billion for the first part of this year alone—and an estimated \$384 billion over 10 years—yet still omits it in the budget;

Fails to account for growth in interest costs;

Fails to reform the Alternative Minimum Tax that is disproportionately burdening middle income families in my district on Long Island.

As troubling as the glaring budget omissions is the knowledge that the deficit is largely a self-inflicted wound. The President inherited a record annual surplus of \$236 billion—which now, 4 years later, has tanked into a deficit in excess of \$400 billion. Any attempt at honest accounting suggests that we are looking at a decade or more of similar deficits.

The reason we are faced with an unethical budget is because the President refuses to acknowledge the fiscal irresponsibility of his choices, and will not entertain even the most moderate suggestions, such as repealing only the portion of the tax cuts that benefit the top 1 percent of taxpayers.

Unfortunately this budget builds on a disturbing trend. This administration and the leadership in Congress appear to be intent on valuing wealth over work, thereby placing working families at a distinct disadvantage. The tax policies the President advocates disproportionately advantage the wealthiest to the detriment of working Americans, and working families will continue to bear the brunt of the rising inflation spurred by the rising interest rates.

The Bill Gates' of the world pocketed their tax cut at the insistence of the President. However, this President sees no problem eliminating funding for Perkins Loans in his budget, even though the cost of tuition is rising and will continue to rise as the administration's policies force inflation. As a result of the decision to eliminate Perkins, this year more than 670,000 student borrowers could lose out on loan forgiveness if they become teachers, law enforcement officers or if they serve in the military. This is just one of many examples of valuing wealth over work.

In my district, the budget scales back and eliminates several long-term shore protection projects important to the safety and economic security of Long Island.

The President has no problem zeroing out the Fire Island to Montauk Point Study, just as it nears completion.

The President eliminates funding to dredge the Patchogue River, even though this creates a huge safety hazard for boaters.

The President does not hesitate to slash funding for the Long Island Sound Study Office from \$7 million to less than \$500,000, even though this is vital to the livelihoods and economy of the east end of Long Island.

The President falls far short of his promise under the No Child Left Behind bill, even though this means that taxpayers will have to foot the bill at the local level to pay for education.

Finally, the President does not seem to mind taxing veterans' health care at \$250 per year, and doubling copayments for veterans' prescription drugs, at a time when we should be saluting our veterans.

Our values as a society are not reflected in this budget. We must ban together in Congress to force an honest accounting, and insist upon the restoration of long-term fiscal responsibility to our Nation. It's not enough to talk about compassion—it is high time that we refocus our priorities and show some compassion.

GENERAL LEAVE

Mr. SPRATT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order today.

The SPEAKER pro tempore (Mr. CONAWAY). Is there objection to the request of the gentleman from South Carolina?

There was no objection.

SETTING THE RECORD STRAIGHT ON THE COST OF THE MEDICARE PRESCRIPTION DRUG BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

Mrs. JOHNSON of Connecticut. Mr. Speaker, the landmark Medicare Prescription Drug and Modernization Act that this body passed in 2003 was the subject of heated rhetoric and partisan attacks at that time. Most recently, we have heard the claim that the costs of this wonderful Medicare prescription drug benefit have skyrocketed far above the estimates relied upon when we passed the bill in 2003. Allow me to set the record straight.

The cost of the Medicare prescription drug benefit that will guarantee every senior in America affordable prescription drug coverage has not changed. In November of 2003, the Congressional Budget Office estimated that the costs of the drug benefit from 2004 to 2013 would be \$408 billion. Today, they estimated it at \$410 billion.

In December of 2003, the Centers for Medicaid and Medicare Services, using different assumptions, estimated that the cost of the bill over the same 10-year period would be \$511 billion. Today, they are saying it will cost \$518 billion. So, whatever estimates we use, whichever set of assumptions we wish to rely on, CBO's or CMS', the answer is the cost estimates have not changed. They varied about plus or minus 1 percent.

So what is the issue? What is the big uproar over? The answer is simple. New estimates just released by the administration are for a 10-year period that begin in 2006, not 2004. These estimates cite a cost of \$724 billion. That is because they drop 2 years when there was no drug program and add 2 years when millions more Medicare beneficiaries are going to enjoy the benefits of our Medicare Modernization and Prescription Drug Act. It is just that simple. The 10-year estimating period changed. So, of course, the estimates went up.

But it is easy for the estimators to count the new number of people who benefit from the program in the 2 additional years and drop the 2 years when there was no program. It is more difficult for them, and so they do not do it, estimate the saving that the Medicare modernization and prescription drug bill will enable Medicare to enjoy while at the same time improving the quality of care we will be able to deliver to our seniors.

The Medicare Modernization Act fundamentally changed the way Medicare delivers care to our seniors. By offering welcome to Medicare physicals and disease management programs, we have

transformed Medicare from simply an illness treatment program to a wellness and preventative health program.

Medicare has always been good at treating our seniors once they got sick, but did nothing to prevent them from getting sick. Worse, Medicare did nothing to help seniors with chronic illnesses to prevent that chronic illness from worsening.

America's seniors deserve the changes we made in the Medicare Modernization Act. That act modernized the delivery system of care to enable Medicare to deliver the most recent medical advances to our seniors, particularly to those with chronic diseases.

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By moving from an illness model to a preventive care model, we can keep seniors out of high-cost care settings, like hospitals and emergency rooms. If you are looking for a sensible way to control costs, this is the way to do it. Disease management programs, like the ones the Medicare Modernization Act have introduced into Medicare, have proven they save health care dollars and they improve health care quality.

PacifiCare has already saved \$244 million through existing disease management programs to their 720,000 Medicare beneficiaries. They have saved \$75 million through medication management for patients with congestive heart failure and reduced hospitalizations by 50 percent. They have saved \$185 million by improving blood sugar and cholesterol levels in diabetics. They have saved \$72 annually through their congestive heart failure program, which has served 15,000 patients.

McKesson, which will bring Medicare seniors into the Medicare Modernization Chronic Care Improvement Program this year, currently saves \$3,089 per patient each year in their disease management programs. They have reduced emergency department visits by 61 percent. They have reduced hospitalizations by 66 percent.

XLHealth, which operates a Medicare Chronic Care Improvement Program, has reduced medical costs in 2,500 Medicare patients since 2000. Their disease management program has reduced hospitalizations by 25 percent, amputations by more than 50 percent, and heart bypass surgery by 65 percent.

The bottom line: disease management programs save money and improve health care quality. And thanks to the Medicare Modernization Act, these programs will create a better quality of life for seniors with congestive heart failure, diabetes, chronic obstructive disease, and other chronic illnesses and bend the curve of Medicare's cost growth.

These recent estimates we have been hearing so much about simply do not

include any consideration of the power of disease management programs to reduce the cost of chronic disease and to improve the quality of care in Medicare. Twenty percent of our seniors have five or more chronic conditions and account for two-thirds of Medicare spending. Twenty percent. Of course disease management will reduce the cost of Medicare.

MMA also initiated another new, though related, development in Medicare that will create significant savings while improving quality, but isn't reflected in cost estimates drawing attention today. For the first time, electronic prescribing will become routine in the Medicare program, with electronic medical trends coming along thereafter.

Electronic prescribing technology will save lives and money by eliminating adverse drug interactions, eliminating handwriting errors, and by notifying physicians when a lower cost generic alternative is available. As we all know, generic drugs often far cheaper than brand name drugs. Electronic prescribing will save money, and while this technology called for in the MMA, the cost savings are not reflected in the cost estimates.

Repealing the MMA would be the wrong medicine for America's seniors. Doing so would deprive them of prescription drugs and the high level of coordinated and preventive care that will keep our seniors healthier and control Medicare spending by improving the quality of our health delivery system.

CODEL TO PAKISTAN AND AFGHANISTAN

The SPEAKER pro tempore (Mr. CONAWAY). Under the Speaker's announced policy of January 4, 2005, the gentleman from Indiana (Mr. PENCE) is recognized for 60 minutes.

Mr. PENCE. Mr. Speaker, I am glad to have the opportunity this evening to address you on a subject that is both a meaningful memory for me, as the elected representative of the people of eastern Indiana's Sixth Congressional District, but also, as I believe we will hear not only from my recollection but from colleagues who will join us, and a very rare opportunity to have a contemporary conversation about the critical importance and the extraordinary success of the United States of America in Afghanistan.

I had the privilege, as a Member of the House Committee on International Relations, to lead a congressional delegation both to Pakistan and Afghanistan this past December. Between the dates of 7 December and 14 December, I had the opportunity of traveling through Pakistan. We landed in Islamabad. We drove by ground transportation to the border of the tribal areas, the city of Peshawar, but also the areas both north and south, Waziristan, where many may recognize the areas most often associated with theories about the hiding place of one Osama bin Laden.

While I and the Members of our delegation were in the city of Peshawar, we

actually sat down for a meal with tribal leaders from that central area of south Waziristan, which is in effect in the western area of Pakistan, and it probably is analogous to the Wild West in American history and folklore. As we met with the Prime Minister of Pakistan and the Governor of the Peshawar Province, they referred to this area of Pakistan as the ungoverned areas of their country.

So they really are dominated, Mr. Speaker, by tribal leaders who are, in effect, military and familial leaders of communities ranging from 20,000 to 100,000 persons that dot the mountainous landscape of western Pakistan.

Now, while we stopped in Pakistan and evaluated the progress of the war on terror in that country, the primary purpose for our trip was to visit Afghanistan, where Operation Enduring Freedom has been an extraordinary success since the months immediately following the devastating attack on our country on September 11, 2001. It was my happy privilege to lead what came to be known as CODEL Pence, but the happier part of that was to be joined by colleagues and senior staff personnel of the House Committee on International Relations, who made this trip that much more meaningful and informative for the four policymakers that were alongside for the journey.

My colleagues, some of whom will join me here tonight to share their reflections on Afghanistan and the experience that they had, both in Kabul as well as at provisional reconstruction sites around the country, but my colleagues who joined me included the gentleman from Arizona (Mr. FLAKE), the gentleman from Tennessee (Mr. DAVIS), and my good friend and colleague, the gentleman from Indiana (Mr. CHOCOLA).

There were also noteworthy senior staff personnel from the House Committee on International Relations who joined us, as well as members of the media, all of whom, I might add, demonstrated an extraordinary degree of compassion toward the soldiers that we met and an extraordinary degree of compassion toward the regular Afghani adults and children that we encountered.

And I might also add that while at no time was our delegation in any physical peril, I do want to commend all those who traveled with us for the willingness to go into a combat environment and to carry the encouragement of the people that we serve to these soldiers in what was the holiday season, when they found themselves so far away from home.

From that dinner in Peshawar with the tribal leaders, we embarked on a C-130 and traveled for our first day into Afghanistan. We arrived in Kabul, Afghanistan, in the belly of a C-130 cargo plane, and we made our way through Kabul. By way of my first recollection,